



OKLAHOMA NATIONAL GUARD
JOINT FORCE HEADQUARTERS
3501 MILITARY CIRCLE
OKLAHOMA CITY OK 73111-4398
(405) 228-5000 OR DSN 628-5000

NGOK-TAG

4 January 2010

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy and Procedures on Equal Opportunity for Members of the Oklahoma Army and Air National Guard

1. References:

- a. NGR 600-21
- b. NGR 600-22/ANGI 36-3
- c. Military Army National Guard (ARNG) Equal Opportunity (EO) Affirmative Action Plan
- d. Military ARNG Annual Narrative and Statistical Report on EO
- e. Annual Sexual Harassment Training Report
- f. Military Air National Guard (ANG) Affirmative Action Plan
- g. Military Equal Opportunity (MEO) for ANG Annual Report

2. The policy of the Oklahoma National Guard (OKNG) is to provide equal opportunity for all military personnel (Traditional and AGR) or applicants for membership in the OKNG. OKNG members and applicants will not be subjected to illegal discrimination because of race, color, religion, gender (not sexual harassment), sexual harassment, reprisal, or national origin.

3. I am fully committed to a strong EO program within the OKNG. The fair, equitable, and non-discriminatory treatment of all members and applicants improves morale and productivity, fosters unit cohesion and readiness, and increases combat effectiveness. It is the goal of the OKNG to resolve and settle all complaints and allegations of illegal discrimination fairly, equitably, and expeditiously. Together, we can strengthen our efforts to maintain the quality and integrity of the OKNG in these challenging times. This policy applies both on and off duty.

4. Commanders and/or leadership at all levels are responsible for the requirements set forth in NGR 600-21, Chapter 1, paragraph 1-4(f) and NGR 600-22/ANGI 36-3, Chapter 1, paragraph 1-4(f).

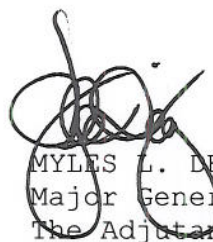
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SUBJECT: Policy and Procedures on Equal Opportunity for Members of the Oklahoma Army and Air National Guard

5. The Human Relations/Equal Opportunity (HR/EO) Officer, the State Equal Employment Manager (SEEM), Equal Opportunity Advisors (EOA), Equal Opportunity Leaders (EOL), and/or Air National Guard Equal Opportunity Officers/NCOs are available to provide assistance to the complainant, and to commanders, leadership, supervisors, and managers regarding the EO complaint process. The enclosed diagram (Equal Opportunity/Sexual Harassment Complaint Process) outlines the procedures and process of filing an EO complaint. Complainants must complete **NGB Form 333, Discrimination Complaint in the Army and Air National Guard**, which is enclosed, to file an illegal discrimination complaint.

6. The point of contact is CW5 Ronald G. Petty, SEEM. Phone numbers for the SEEM are (405) 228-5274 or DSN 628-5274. The FAX number is (405) 606-7360.

Encl
as



MYLES L. DEERING
Major General, OKARNG
The Adjutant General

DISTRIBUTION:
AAF

EQUAL OPPORTUNITY / SEXUAL HARASSMENT COMPLAINT PROCESS

Make an informal complaint. Report inappropriate behavior without initiating a full investigation. This may be most appropriate for minor infractions when the victim simply wants the behavior stopped.

If You Are The Victim

Call the State Equal Employment Manager (SEEM) to clarify whether an incident or behavior qualifies as sexual harassment or discrimination.

405-228-5274

If Behavior Persists

File a formal written complaint on a NGB Form 333. Complaints must be filed within 180 days of the incident. Complaints made after 180 days may be pursued at the discretion of The Adjutant General for Oklahoma.

Equal Opportunity Leader	Chain of Command	Army EOA or Air EO Office	SEEM	Chaplain	Inspector General (IG)	Director, Joint Staff	TAG
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180
DAYS

Complainant has 180 calendar days to file a complaint. Complaints filed against a member of the Chain of Command will be referred to the next higher commander in the chain. The lowest level applicable command level will attempt to resolve the complaint to the satisfaction of the complainant at the informal process.

14-30
DAYS

The lowest level applicable command has 14 calendar days for AGR and 30 calendar days for Traditional soldiers/airmen to investigate the allegations and attempt a resolution to the satisfaction of the complainant. If the complaint is not resolved to the satisfaction of the complainant, the complaint becomes formal, and it will automatically be forwarded to the next level of the chain of command. Each command level has 14 days for AGR and 30 days for Traditional soldiers/airmen to investigate the allegations and attempt a resolution.

90
DAYS

If each command level does not reach a resolution, the complaint will automatically go to TAG. TAG has 90 calendar days to conduct a formal investigation and attempt a resolution. If a resolution is not reached the complaint is forwarded to Chief, NGB for final decision.

8
Months

Chief, NGB has eight months to conduct a formal investigation, accept or dismiss the complaint, or accept the findings of TAG.

DISCRIMINATION COMPLAINT IN THE ARMY AND AIR NATIONAL GUARD

For use of this form see NGR AR 600-22/NGR AF 30-3, the proponent agency is NGB-EO

HR/EO, MEO USE:

NGB Case Number

Privacy Act Statement

☐ Informal☐ Formal**Authority:** 42 U.S.C. Section 2000d**Principal Purpose:** To document the formal filing of a military complaint of discrimination in the Army National Guard or the Air National Guard**Routine Use:** None**Disclosure:** Voluntary. However, failure to complete all portions of this form could affect the timely processing, or result in the rejection or dismissal of your complaint.

INSTRUCTIONS

Part I - To Be Completed by Complainant

Submit to Your Unit Commander

Any part-time military member, AGR member, former member, applicant for membership or beneficiary of the Army or Air National Guard who believes that he or she has been discriminated against because of race, color, religion, gender, or national origin (or retaliation for having participated in any way in a protected equal opportunity activity), in a matter subject to the control of the Army or Air National Guard, may file an individual complaint of discrimination. You are encouraged to discuss the complaints with and to seek assistance from your immediate supervisor, unit commander, members of the chain of command or EOA/EOT staff. Fill out Part I of this form and file the complaint within 180 days of the date of the alleged discrimination or the date that you became aware of the discriminatory event or action. The complaint should be filed with the unit commander (if the commander is not the alleged discriminating official) or with your unit EO representative. You may file with any other commander in the chain of command, the Adjutant General, the National Guard Bureau, or Inspector General Office. However, regardless of where the complaint is filed, it will be referred to the lowest applicable command level for action.

1. COMPLAINANT

a. NAME

b. RANK

c. POSITION

2. GENDER

3. RACE

4. NATIONAL ORIGIN

5. HOME ADDRESS (Including Zip Code)

6. TELEPHONE NUMBERS

a. BUSINESS:

b. HOME:

7. ACTIVITY OR UNIT IN WHICH ALLEGED DISCRIMINATION OCCURRED:

8. ARE YOU: (CHECK ONE)

- ☐ PART TIME MILITARY MEMBER
☐ AGR TITLE 32/ADSW TITLE 32
☐ APPLICANT FOR NG/AGR MEMBERSHIP
☐ FORMER MILITARY MEMBER
☐ BENEFICIARY OF NG

9. PERSON YOU BELIEVE DISCRIMINATED:

a. NAME

b. TITLE

10. REPRESENTATIVE (If any):

a. NAME

b. ADDRESS

11. CHECK BELOW THE BASIS (Reasons) FOR ALLEGED DISCRIMINATION:

☐ R RACE (Check Your Race) ☐ Black ☐ White ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

☐ C COLOR (State Your Color) _____

☐ L RELIGION (State Your Religion) _____

☐ G GENDER(Not Sexual Harassment) (Check Your Gender) ☐ Male ☐ Female

☐ S SEXUAL HARASSMENT (Check Your Gender) ☐ Male ☐ Female

☐ O REPRISAL (Based Upon EO/EEO Activity) ☐ Yes ☐ No

☐ N NATIONAL ORIGIN (State Your National Origin) ☐ Hispanic ☐ Other (Specify) _____

12. CHECK FOR SPECIFIC ALLEGATIONS AND ISSUES:

<input type="checkbox"/> Appointment/Enlistment	<input type="checkbox"/> Evaluation/Appraisal	<input type="checkbox"/> Reassignment
<input type="checkbox"/> Assignment of Duties	<input type="checkbox"/> Harassment	<input type="checkbox"/> Retirement
<input type="checkbox"/> Awards/Decorations	<input type="checkbox"/> a. Non-Sexual	<input type="checkbox"/> Time and Attendance
<input type="checkbox"/> Disciplinary Action	<input type="checkbox"/> b. Sexual	<input type="checkbox"/> Training/Education
<input type="checkbox"/> Duty Hours	<input type="checkbox"/> Promotion/Non-Selection	<input type="checkbox"/> Other

13. STATE ALLEGATION AND ISSUES (*Explanations, background, and evidence can be attached as supporting material; they are NOT issues.*)

- Issues: A. Number each issue
 B. Briefly list the alleged act of discrimination, the basis, and the date(s) it took place.
 C. Indicate the name(s) of the alleged discriminating official(s) (ADO).

SAMPLE: I was discriminated against on (date) on the basis of (Race, Religion, or other basis) when (name the ADO) and briefly list the discriminatory event(s) or personnel action(s). Attach additional blank sheets, if necessary.

1.

2.

3.

14. WHAT CORRECTIVE ACTION DO YOU WANT TAKEN TO RESOLVE YOUR COMPLAINT?

15a. SIGNATURE OF COMPLAINANT

15b. DATE

16. OFFICIAL RECEIVING COMPLAINT

a. NAME

b. TITLE

c. SIGNATURE

d. DATE

PART II - COMPLAINT MANAGEMENT PROCESSING

TO BE COMPLETED AT THE LOWEST APPLICABLE COMMAND LEVEL
The above discrimination complaint was reviewed IAW NGR (AR) 600-22/NGR (AF) 30-3

COMPLETE AS APPROPRIATE

1. WHEN DID YOU RECEIVE THE COMPLAINT?				DATE (YYYY/MM/DD)	
2. WAS THE COMPLAINT:					
a.	Accepted	<input type="checkbox"/>	All	<input type="checkbox"/>	In Part
b.	Referred	<input type="checkbox"/>	All	<input type="checkbox"/>	In Part TO WHOM
c.	Dismissed	<input type="checkbox"/>	All	<input type="checkbox"/>	In Part (State Reason)
3. WHAT WAS THE RESULT OF THE COMMANDER'S INQUIRY?					
<input type="checkbox"/> Discrimination Confirmed <input type="checkbox"/> Discrimination Not Confirmed <input type="checkbox"/> Discrimination Undetermined					
4. DID YOU ATTEMPT RESOLUTION OF THIS COMPLAINT?				DATE (YYYY/MM/DD)	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. IF YES, WAS THE COMPLAINT				<input type="checkbox"/> Settled <input type="checkbox"/> Withdrawn	
6. WAS COMPLAINANT SATISFIED WITH THE RESOLUTION?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. SIGNATURE OF COMPLAINANT				b. DATE (YYYY/MM/DD)	
7. IF NOT SATISFIED WITH RESOLUTION OR WITHDRAWN THE COMPLAINT WILL AUTOMATICALLY APPEAL TO NEXT COMMAND LEVEL.					
<input type="checkbox"/>	Withdraw the Complaint	SIGNATURE OF COMPLAINANT			DATE (YYYY/MM/DD)
8. THIS FORM AND ALL ATTACHMENTS, AND INQUIRIES IS FORWARDED TO THE NEXT COMMAND LEVEL ON				DATE (YYYY/MM/DD)	
9.					
10a. SIGNATURE OF COMMANDER				10b. DATE (YYYY/MM/DD)	

PART III - COMPLAINT MANAGEMENT PROCESSING

TO BE COMPLETED AT THE INTERMEDIATE COMMAND LEVEL
 The above discrimination complaint was reviewed IAW NGR (AR) 600-22/NGR (AF) 30-3

COMPLETE AS APROPRIATE

1. WHEN DID YOU RECEIVE THE COMPLAINT?		DATE (YYYY/MM/DD)
2. WAS AN ADDITIONAL INQUIRY CONDUCTED ? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE (YYYY/MM/DD)
If yes, what was the result? <input type="checkbox"/> Discrimination Confirmed <input type="checkbox"/> Discrimination Not Confirmed <input type="checkbox"/> Discrimination Undetermined		
3. WAS AN INVESTIGATION CONDUCTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE (YYYY/MM/DD)
If yes, what was the result? <input type="checkbox"/> Discrimination Confirmed <input type="checkbox"/> Discrimination Not Confirmed <input type="checkbox"/> Discrimination Undetermined		
4. DID YOU ATTEMPT RESOLUTION OF THIS COMPLAINT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE (YYYY/MM/DD)
5. IF YES, WAS THE COMPLAINT <input type="checkbox"/> Settled <input type="checkbox"/> Withdrawn		
6. WAS COMPLAINANT SATISFIED WITH THE RESOLUTION? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. SIGNATURE OF COMPLAINANT		DATE (YYYY/MM/DD)
7. IF NOT SATISFIED WITH RESOLUTION OR WITHDRAWN THE COMPLAINT WILL AUTOMATICALLY APPEAL TO NEXT COMMAND LEVEL.		
<input type="checkbox"/>	Withdraw the Complaint	SIGNATURE OF COMPLAINANT DATE (YYYY/MM/DD)
8. THIS FORM AND ALL ATTACHMENTS, INQUIRIES IS FORWARDED TO THE NEXT COMMAND LEVEL ON		DATE (YYYY/MM/DD)
9. REMARKS		
10a. SIGNATURE OF INTERMEDIATE COMMANDER		10b. (YYYY/MM/DD)

PART IV - COMPLAINT MANAGEMENT PROCESSING

TO BE COMPLETED AT THE ADJUTANT GENERAL LEVEL
The above discrimination complaint was reviewed IAW NGR (AR) 600-22/NGR (AF) 30-3

COMPLETE AS APPROPRIATE

1. DID THE ADJUTANT GENERAL (or designated representative) REVIEW THE CASE?		DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No		
a. Did the State Equal Employment Manager review the case?		DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Did the Judge Advocate review the case?		DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. WAS A RESOLUTION ATTEMPTED AT THIS POINT?		DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No		
a. If yes, what was the result?		
<input type="checkbox"/> Settled <input type="checkbox"/> Withdrawn		
b. Was the complainant satisfied with the resolution?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURE OF COMPLAINANT		DATE (YYYY/MM/DD)
c. If Not Satisfied With Resolution Or Withdrawn The Complaint Will Automatically Appeal To Next Command Level.		
<input type="checkbox"/> Withdraw the Complaint	SIGNATURE OF COMPLAINANT	DATE (YYYY/MM/DD)
3. WAS AN INVESTIGATION CONDUCTED?		DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what was the result?		
<input type="checkbox"/> Discrimination Confirmed <input type="checkbox"/> Discrimination Not Confirmed <input type="checkbox"/> Discrimination Undetermined		
a. Name of Investigating Officer		Rank
b. Did the SEEM review the Report of Investigation (ROI)?		DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Did the JA review the ROI?		DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. WAS A REDACTED COPY OF ROI SENT TO THE COMPLAINANT?		DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. DID THE ADJUTANT GENERAL ATTEMPT A RESOLUTION OF THE COMPLAINT?		DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No		
a. If yes, what was the result?		
<input type="checkbox"/> Settled <input type="checkbox"/> Withdrawn		
b. Was the complainant satisfied with the resolution?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURE OF COMPLAINANT		DATE (YYYY/MM/DD)
c. If Not Satisfied With Resolution Or Withdrawn The Complaint Will Automatically Appeal To Next Command Level.		
<input type="checkbox"/> Withdraw the Complaint	SIGNATURE OF COMPLAINANT	DATE (YYYY/MM/DD)
6. CASE FILE FORWARDED TO NGB WITH REQUEST FOR FINAL DECISION OR, IF RESOLVED OR WITHDRAWN, REQUEST FOR ADMINISTRATIVE CLOSURE.		DATE (YYYY/MM/DD)
a. SIGNATURE OF ADJUTANT GENERAL		b. DATE (YYYY/MM/DD)